

REFERRAL OF INDEBTEDNESS TO COMMITTEE ON WAIVERS AND COMPROMISES - CARS

IDENTIFICATION NO(S). (C, XC, loan, insurance, social security, etc.)

TO	ADDRESS OF COMMITTEE AT RECEIVING STATION	STATION NO.	FROM	Centralized Accounts Receivable Section (244) VA Regional Office and Insurance Center Bishop Henry Whipple Federal Building Fort Snelling St. Paul, MN 55111	STATION NO.
	Committee on Waivers and Compromises (24)				335

INFORMATION RELATING TO INDEBTEDNESS

1. FIRST - MIDDLE - LAST NAME OF PERSON INDEBTED		2. ADDRESS OF PERSON INDEBTED	
3. DEBTOR'S DATE OF BIRTH	4. FIRST - MIDDLE - LAST NAME OF VETERAN (If different from item 1)		
5. TYPE OF INDEBTEDNESS		6. PAYEE NO.	7. DATE OF ORIGINAL INDEBTEDNESS
8. CAUSES OF INDEBTEDNESS (Explain)			
9. NAME AND ADDRESS OF OTHER OBLIGORS (Comakers, guarantors, assumers, etc.)			
A.		B.	
		C.	
10. TYPE OF REFERRAL (Check one)			
<input type="checkbox"/> REQUEST FOR WAIVER <input type="checkbox"/> OFFER OF COMPROMISE (Complete 11a, 11b, 11c) <input type="checkbox"/> NOTICE OF DISAGREEMENT <input type="checkbox"/> OTHER (Specify)			
11A. HAS THERE BEEN A DENIAL OF WAIVER? (Complete for compromise offer only)			11B. AMOUNT OF COMPROMISE OFFER
<input type="checkbox"/> YES <input type="checkbox"/> NO			\$
11C. TERMS OF COMPROMISE OFFER			

STATEMENT OF INDEBTEDNESS

12. ORIGINAL AMOUNT OF DEBT	13. AMOUNT RECOVERED, IF ANY	14. PRINCIPAL BALANCE	15. ACCRUED INTEREST	16. ADMINISTRATIVE COLLECTION COSTS	17. OTHER COSTS (Identify)	18. TOTAL INDEBTEDNESS (Sum of items 14, 15, 16, and 17)
\$	\$	\$	\$	\$	\$	\$
19. SOURCE OF RECOVERY (Describe the source from which amount stated in item 13 was recovered; and the type of amounts payable, if any, other than benefits, that may be available for future offset.)						

OTHER ADMINISTRATIVE CONSIDERATIONS

20A. IS DEBTOR RECEIVING BENEFITS?		20B. RATE PER MONTH	20C. AMOUNT OF CURRENT MONTHLY WITHHOLDINGS
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete items 20B and 20C.)		\$	\$
21. AMOUNT IN CIVIL SERVICE RETIREMENT (Only if debtor is Federal employee and referral is for other than waiver consideration, if none, state "None.")		22. HAS SF 2805 BEEN SUBMITTED TO OFFICE OF PERSONNEL MANAGEMENT? (Only if debtor is a former Federal employee and not excluded under 38 U.S.C. 1826 (b))	
		<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," give report of action in item 25.)	
23. SUMMARY OF CONTACTS WITH DEBTOR'S EMPLOYING AGENCY (Only if debtor is Federal employee or in military service. Attach pertinent correspondence.)		ATTACHMENTS	
		DATE RECEIVED BY VA	
		24A. WAIVER REQUEST	
		24B. COMPROMISE OFFER	
		24C. CREDIT REPORT	
		24D. FINANCIAL STATUS REPORT OR EQUIVALENT	
25. REMARKS (Describe results of personal interview with debtor and other collection actions taken, and give any other details that will assist Committee to arrive at decision.)			
(Continue on reverse or attach separate sheets)			

26A. SIGNATURE OF CHIEF, CENTRALIZED ACCOUNTS RECEIVABLE SECTION	26B. DATE
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